

PRESCRIPTION DRUG Insured Preferred Provider Plan  
Service Area

	PRESCRIPTION DRUG EXPENSE Insured Preferred Provider Plans	Product Name	Form Number	CARRIERS' SERVICE AREA BY COUNTY													
				Barn	Berk	Bris	Duk	Ess	Frank	Hmpd	Hmpsh	Midd	Nant	Norf	Plym	Suff	Worc
1	Aetna Life Insurance Company	Pharmacy Preferred Provider Plan	GR-9	All	All	All		All	All	All	All	All		All	All	All	All

\* Please note that (The) MEGA Life and Health Insurance Company (Form# 25891-C-MA and Form# 25604-MA-7/01) does not appear above due to their decision to discontinue the offer of the plans in Massachusetts.